

COMMONWEALTH OF KENTUCKY
EXECUTIVE BRANCH ETHICS COMMISSION
Capital Complex East, 1025 Capital Center Drive, Suite 104
Frankfort, KY 40601
PHONE: 502-564-7954 OR 800-664-7954
FACSIMILE: (502) 695-5939
ETHICSFILER@KY.GOV

RECEIVED
FEB 15 2019
Executive Branch
Ethics Commission

STATEMENT OF FINANCIAL DISCLOSURE

For Calendar Year 2018

COMPLETE ALL SECTIONS WITHOUT LEAVING ANY SECTION BLANK

EXECUTIVE BRANCH OFFICERS: Submit by one of the prescribed methods by April 15 or within 30 days of separation from an officer position. (KRS 11A.050(1)(a))

CANDIDATES FOR CONSTITUTIONAL OFFICE: Submit by one of the prescribed methods by February 15. (KRS 11A.050(1)(c); KRS 11A.010(13))

**STATEMENTS OF FINANCIAL DISCLOSURE SHALL BE
AVAILABLE FOR PUBLIC REVIEW**

ANSWER EVERY QUESTION

1. Name: Last **BEVIN** First **MATTHEW** Middle or Maiden **G**

2. Home Street Address:

City: **Frankfort** State: **KY** Zip: **40601-**

Home Phone: Home E-mail address:

Mobile Phone: () -

3. If you are a candidate for a constitutional office, check appropriate box:

☐ Agriculture Commissioner
☐ Attorney General
☐ Auditor of Public Accounts
☒ Governor

☐ Lt. Governor
☐ Secretary of State
☐ State Treasurer
☐ NOT A CANDIDATE

4. Title of Position or office in 2018 that requires filing: **Governor**

Beginning Date: **12/8/2015**

Do you still occupy this position? Yes ☒ No ☐ If no, ending date:

STATE AGENCY FOR POSITION LISTED ABOVE:

CABINET: **General Government**
Department or Office: **General Government**
Division: **Governor's Office**

Work Street Address: **700 Capitol Avenue, Suite 100**

City: **Frankfort** State: **KY** Zip: **40601-**

Work Phone: **(502) 564-2611** Work E-mail address:
Ext.

If not employed by state agency, current employer:

Work Address:

City: State: Zip: -

Title of any other state jobs or positions you held during the reporting year, including state government agency name.
NONE ☒

5. Name and address of any other employers (including self-employment) during reporting year: **NONE** ☒

Employer:

Work Address:

City: State: Zip: -

6. Marital status:

☐ Single

☒ Married

☐ Widowed (if event occurred prior to calendar year 2018 skip to Question 8.)

☐ Divorced (if event occurred prior to calendar year 2018 skip to Question 8.)

If married, please give spouse's full name (including maiden name where applicable):

Last: **BEVIN** First: **GLENNA** Middle: **R**

7a. Spouse's current employer and employer's address: **NONE** ☒

Employer:

Work Address:

City: State: Zip: -

Work Phone: () - Work E-mail address:

7b. Spouse's position: **First Lady**

7c. Other employers of Spouse (including self-employment during reporting year) **NONE** ☒

8. List the full name of each dependent child of you and/or your spouse:

NONE ☐

9. List all positions of a fiduciary nature held by you or your spouse in a business, including the name and address of the business:

NONE ☐

Brittiney's Wish, Inc.,
and Board Chair. See also response to #10 below

(501c3 Non-Profit) - President

10. List any other position in a business, partnership or corporation held by you or your spouse including the name and address of the business:

NONE ☐

Integrity Holdings LLC, I
Sole Owner

- (Investment holding company) -

Golden Rule Signs, Inc., 2420 Holloway Road, Louisville, Ky 40299 (LED sign company) -
Partner

Neuronetrix Solutions LLC, 1044 East Chestnut Street, Louisville, KY 40204 (Medical device
company) - Board Member

Bevin Bros. Manufacturing Company, 10 Bevin Road, East Hampton, CT 06424 (Bell company)
- President

11. Provide the name and address of any business in which you, your spouse, or dependent children owned an interest which has a fair market value of at least ten thousand dollars (\$10,000) or which equals at least five percent (5%) of the business; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business:

NONE ☐

Integrity Holdings LLC,
>5%

- Investment holding company -

Golden Rule Signs, Inc., 2420 Holloway Road, Louisville, Ky 40299 LED sign company - >5%

Neuronetrix Solutions LLC, 1044 East Chestnut Street, Louisville, KY 40204 Medical device
company - >5%

Waycross Partners, LLC, 4965 US Hwy 42, Suite 2900, Louisville, KY 40222 Investment
Management Company - >5%

12. Provide all sources of gross income exceeding \$1,000 from any one source not listed above, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income and the nature of the business and the name and address of the income source.

NONE ☐

Stock Dividends in publicly traded securities: AAPL, COP, etc.

13. Provide the name and address of all sources of retainers received by you or your spouse relating to matters of the state agency for which you work or supervise or of any other entity of state government for which you would serve in a decision-making capacity.

NONE ☒

14. Describe any representation or intervention performed by you or your spouse for any person or business for compensation before a state agency for which you work or supervise or before any entity of state government for which you would serve in a decision-making capacity, and include the name and address of that person or business.

NONE ☒

15. Provide the street address or location and description of all real property in which you, your spouse, or a dependent child holds an interest of at least ten thousand dollars (\$10,000): **NONE** ☐

Single family home, , KY
Single family home, KY
Single family home, ME

16. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family. **NONE** ☐

University of Kentucky football and basketball season tickets
Keeneland Spring meet and Fall meet tickets

17. Identify all creditors, including an address, to whom you owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods: **NONE** ☒

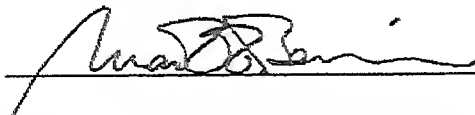
18. Are you aware of any business opportunity, investment opportunity, or other benefit, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government? [PLEASE CONSIDER CAREFULLY BEFORE ANSWERING]

NO ☒ YES ☐ If yes, attach a description.

**I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED
IN THIS STATEMENT OF FINANCIAL DISCLOSURE
IS COMPLETE AND ACCURATE.**

SIGN AND SEND TO THE EXECUTIVE BRANCH ETHICS COMMISSION AS DESCRIBED BELOW.

Signature



Date: 2.15.2019

Typed or printed name **Matthew G. Bevin**

PENALTIES:

WITHHELD SALARY: Any officer, public servant, or candidate required to file a statement of financial disclosure under KRS 11A.050 who does not file the statement by a date specified in that section shall have his salary withheld from the first day of noncompliance until he shall have completed the action required by law. The amount withheld shall be deducted from his overall pay and allowances and shall be recoverable upon the filing of the statement of financial disclosure. The commission may grant a reasonable extension of time for filing a statement of financial disclosure for good cause shown. **KRS 11A.990(2).**

FINES: Any officer, public servant, or candidate who fails to file or files a false Statement of Financial Disclosure may be subject to a written, public reprimand, a recommendation from the Commission that the violator be removed or suspended from office or employment, and required to pay a civil penalty of not more than \$5,000. **KRS 11A.100(3).**

When you have answered every question, PRINT the Disclosure, SIGN it, and SUBMIT it by:

ELECTRONIC MAIL: EthicsFiler@ky.gov

FAX: (502) 695-5939

IN PERSON or by U.S. MAIL:

Executive Branch Ethics Commission
Capital Complex East, 1025 Capital Center Drive, Ste 104
Frankfort, KY 40601

Trigg, Bill (Ethics Commission)

From: Gabhart, Katie (Ethics Commission)
Sent: Thursday, February 21, 2019 9:11 AM
To: Trigg, Bill (Ethics Commission)
Subject: FW: Governor's CY2017 statement of financial disclosure (#15)

Please see below. This information should be attached to the SFD, but redacted from open records requests pursuant to KRS 61.878(1)(a).

Kathryn H. Gabhart
Executive Director
Executive Branch Ethics Commission
Capital Complex East
1025 Capital Center Drive, Suite 104
Frankfort, Kentucky 40601
Phone: (502) 564-7954
Direct: (502) 892-3400
Fax: (502) 695-5939
katie.gabhart@ky.gov
<http://ethics.ky.gov/Pages/default.aspx>

-----Original Message-----

From: Meredith, Chad (Gov Office) <Chad.Meredith@ky.gov>
Sent: Thursday, February 21, 2019 9:05 AM
To: Gabhart, Katie (Ethics Commission) <katie.gabhart@ky.gov>
Cc: Pitt, Steve (Gov Office) <Steve.Pitt@ky.gov>; Kuhn, Matt F (Gov Office) <Matt.Kuhn@ky.gov>
Subject: RE: Governor's CY2017 statement of financial disclosure (#15)

Katie,

The Louisville addresses are the same. As I explained over the phone, the Maine address is
Maine. These are personal residences, so please redact them in order to protect the privacy of the
Governor and his family. Thanks.

S. Chad Meredith
Chief Deputy General Counsel
Office of Governor Matt Bevin
Office: 502-564-2611
Chad.Meredith@ky.gov

Keep up with Governor Bevin:

-----Original Message-----

From: Gabhart, Katie (Ethics Commission) <katie.gabhart@ky.gov>
Sent: Tuesday, February 19, 2019 4:50 PM
To: Meredith, Chad (Gov Office) <Chad.Meredith@ky.gov>